PART B – FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450 or FAX (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying 32940 7590 08/07/2006 papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. DORSEY & WHITNEY LLP CERTIFICATE OF ELECTRONIC TRANSMISSION 555 California Street, Suite 1000 I hereby certify that this correspondence, including listed enclosures, is being San Francisco, CA 94104 electronically transmitted in Portable Document Form (PDF) through EFS-Web via Hyper Text Transfer Protocol to the United States Patent and Trademark Office's Patent Electronic Business Center on: November 6, 2006 Signed: APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. | CONFIRMATION NO. 09/993,342 11/05/2001 Gary Blackburn A-68718-4 5809 TITLE OF INVENTION: DEVICES AND METHODS FOR BIOCHIP MULTIPLEXING APPLN. TYPE SMALL ENTITY ISSUE FEE DATE PUBLICATION FEE DUE PRE. PAID ISSUE FEE TOTAL FEE(S) DUE DUE DATE YES nonprovisional \$700 \$300 \$0 \$1000 11/07/2006 EXAMINER ART UNIT CLASS-SUBCLASS REDDING, DAVID A 1744 435-287200 I. Change of correspondence address of indication of "Fee Address" (37 For printing on the patent front page, list C.F.R. I.363). (I) the names of up to 3 registered patent attorneys 1 DORSEY & WHITNEY ☐ Change of correspondence address (or Change of Correspondence or agents OR, alternatively, Address form PTO/SB/I22) attached. 2. The name of a single firm (having as a member a 2 ROBIN M. SILVA ☐ "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to PTO/SB/47; Rev 03-02 or more recent) attached. use of a Customer 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) CLINICAL MICRO SENSORS, INC. PASADENA, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 individual 🛛 Corporation or other private group entity 🔲 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ Issue Fee ☐ A check is enclosed. Publication Fee (No small entity discount permitted) □ Payment by credit card. Form PTO-2038 is attached. M The Director is hereby authorized to charge the required fee(s), any deficiency, or Advance Order - # of Copies 10 credit any overpayment, to Deposit Account Number 50-2319 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CRF 1.27(g)(2).

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